



STATE OF HAWAII
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

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June 15, 2009

ADDENDUM 2
TO
REQUEST FOR PROPOSALS
NO. 09-002

**TO FURNISH INSURED HEALTH BENEFITS PLANS FOR ACTIVE EMPLOYEES
AND RETIREES**

EUTF's Response to Written Questions

1. Appendices D.III.1, page 4. Will the EUTF accept an Excel file that contains provider data by island?

Yes.

2. Appendices D.III.2, page 4. Please provide worksheet "Hosp."

Excel file for hospitals is being transmitted by e-mail and posted on the EUTF web site.

3. Appendices D.III.3, page 4. Please provide worksheet "Doc".

Excel file for doctors is being transmitted by e-mail and posted on the EUTF web site.

4. Appendices D.III.4, page 4. Please provide census data.

Since census data needed to respond to this question is not available, disregard the question. No response is required.

5. Appendices D.IV.3, page 4. Please provide specific data requirements for EUTF's voice enrollment system if available.

Please disregard, not applicable.

6. Appendices D.V.7, page 6. Please define the term "creditor" since as a payor we are responsible for paying claims.

Creditor: a person or company to whom money is owed.

7. Appendices Gen Conds para 32, page13. Is this applicable? Under Questions for Offerors V.8. (page 53 of 71), the contractor assumes all risk.

Paragraph 32 of the General Conditions requires the contractor to assign to the State, any claims for damages due to antitrust violations regarding goods and materials purchased in connection with the Contract. For example, if drug manufacturers conspired to drive up the price of a certain drug that was purchased by the EUTF plans, it would be the State that could sue and recover damages. The contractor assuming all the risk doesn't remedy the problem of the EUTF paying more for the drug than it should have - unless the EUTF can recover the difference from the contractor. As with all paragraphs of the General Conditions, this paragraph can be modified if an acceptable alternative is proposed, e.g., contractor suing for the antitrust violations and providing the recovery to the State.

8. Appendices Gen Conds section 42.6(6), page 15. Can this requirement be stricken, as Question for Offerors V.50. (page 56 of 71) already requires the contractor to document disclosures of PHI as required under HIPAA.

It may be difficult to strike paragraph 42.b(6) unless as part of its HIPAA compliance, the offeror will keep "a complete log of disclosures" made of the personal information created or received by the contractor on behalf of the State. This "complete log" is required under Section 8(b)(6) of Act 10, Special Session 2008. Also, "personal information" is not synonymous with "protected health information". For the EUTF, "personal information" is mainly social security numbers.

9. Administrative Overview, XIX.8.(c), page 16. May the offeror maintain copies for business purposes and as required by law?

This sub section gives EUTF the right, upon the expiration or any early termination of the contract, to have its administrator direct the contractor to destroy or deliver to the EUTF any confidential or proprietary documents, information and data. The contractor would not have an obligation to maintain any records that the EUTF administrator has directed to be destroyed or delivered to the EUTF. If the contractor believes that for either legal or practical reasons it is required to keep any documents, information and/or data that the EUTF administrator has directed to be destroyed or delivered, the contractor should notify the EUTF administrator and/or EUTF Board of Trustees as soon a reasonably possible after it received the direction to destroy or deliver.

June 15, 2009

EUTF's Response to Written Questions

Page 3

10. Scope of Work, #5, page 31. Is there a limit to the length of time a carrier must retroactively enroll or cancel a participant?

Depending on the circumstances, there is no specific limit to retroactive effective or terminations dates. EUTF has no specific rules titled "retroactive transactions." Rules related to eligibility, enrollment, termination and cancellation are in the EUTF Administrative Rules. EUTF must comply with various State and Federal laws, as well as court order and arbitration awards, in retroactive transactions. EUTF expects carriers to honor claims for the period during which participants are eligible as determined by EUTF. If the eligibility period changes due to a retroactive transaction, EUTF has no rule or contract provision preventing the carrier from seeking reimbursement or recovering payments from participants for claims made during the period when the participant was not eligible. For retroactive enrollments resulting in claims paid for services incurred prior to the effective date of the contract, the EUTF will reimburse the contractor for the cost of the claims.

11. Scope of Work, V.B.5, page 31. How does the EUTF expect contractors to handle claims for EUTF enrollees that may have been denied or paid incorrectly as a result of retroactive submissions?

See response to question 10. The EUTF expects the carrier to pay claims correctly, including any adjustments due to retroactive changes

12. Scope of Work, #6, page 32. Will the twice monthly electronic submission be a full file or changes only?

The EUTF will provide both a full file and a change file.

13. Scope of Work, V.B.10, page 34. Please clarify the requirement that "the contractor shall on behalf of the EUTF perform all services necessary to reconcile reimbursement claims made by Medicare to the EUTF or any public employer that arise with respect to contractor's health benefits plans."

The offeror must work with Centers for Medicare & Medicaid Services (CMS) to resolve issues when the EUTF receives notification that there is a debt to the Medicare program. This recovery claim arises because CMS claims that they paid primary services when they should have been secondary to the EUTF plan. This requirement provides for the contractor to take the necessary steps to promptly resolve these cases with CMS.

14. Scope of Work, V.B.18, page 38. If a surplus results in the initial term of the contract and is refunded to the EUTF, and a deficit results in an extension year, can the refunded surplus be used to reduce the deficit?

No.

15. Scope of Work, V.B.18, page 38. If multiple contracts (i.e. PPO Medical, Dual Medical, HDHP, etc.) are awarded to the same carrier, can all contracts be settled together, where a surplus in one can be used to offset a deficit in the other?

Yes; however actives and retirees must be kept separate.

16. Scope of Work, V.B.21, page 41. Will the American Recovery and Reinvestment Act ("ARRA") provisions affect who will bill and collect premiums?

Yes.

17. Scope of Work, V.B.21, page 41. Does this include ARRA special subsidies until the end of 2009?

Yes. ARRA special subsidies could extend beyond 2009 depending on when the participant becomes eligible or further decisions from the Federal Government.

18. Scope of Work, #25, page 42. Would the EUTF replace the current self-insured plans if a suitable fully-insured plan is procured through this process?

Yes.

19. Appendices D, page 48. Please provide electronic file for response to Appendix D.

Word file has been posted on EUTF web site since May 28, 2009. Excel file for completing responses is being transmitted by e-mail and posted on the EUTF web site.

20. Appendices D, page 48. If responding electronically to Appendix D, is offeror required to include hard copies of any required attachments?

Yes.

21. Appendices, D.I.1, page 48. Should "PPO Plan Name" be the name of the plan being offered or the offeror's name?

Offeror's Name.

22. Appendices, D.I.7, page 48. Should "PPO Operational Date" be the date the offeror first opened for business, or the date the plan was first offered?

Date the Plan was first offered.

23. Appendices, D.II.4, page 49. Are there other specific conditions the EUTF would like addressed?

The proposals should identify any other conditions not listed as examples that would be addressed during the transitional period.

24. Appendices, D.II.9, page 50. Must the fully insured rates be filed with the Insurance Division?

The EUTF expects the offeror to be able to make this determination.

25. Appendices, D.II.11, page 50. Will a Risk Evaluation Form be provided?

Please disregard, not applicable.

26. Appendices, D.II.18, page 51. Are there specific requirements for an "experience summary report", due with the renewal rates?

No, there are no specific requirements. However, the report should contain all pertinent information to support the proposed renewal rates. Please provide a sample experience summary report.

27. Appendices, D.V.10, page 53. Please clarify that the required legal defense only applies to benefit determination litigation and situations where offeror indemnifies the EUTF, or what situations the EUTF requires the offeror to provide legal defense. The current language arguably requires the offeror to provide legal defense for all litigation.

The legal defense required includes: (a) appeals and challenges to benefit determinations from the carrier level, to Insurance Commissioner level, to EUTF Board level (if applicable), and to all resulting court actions and appeals; (b) the legal defense required under the defense and indemnity provisions of the RFP and General Conditions (paragraphs 7 and 8); and (c) any other instances where applicable general law would allow the State to claim legal defense from the contractor. Any issues an offeror has with the Contract and General Conditions should be identified and explained in the proposal.

28. Appendices, D.V.51.(ii), page 56. We recognize the need to comply with the regulations; however, the literal definition includes every "ping" that hits our firewall. It is likely that the Trust Fund does not wish to receive the thousands of reports that this will entail. Will the EUTF agree to modify the definition of security incident to "a successful unauthorized access, use, disclosure, modification or destruction of an EUTF member's PHI"?

Yes.

29. Appendices N, page 69. Will the EUTF entertain a fully-insured HMO option?

Yes. Offeror may submit a proposal that contains alternative types of plans or services.

30. Scope of Work, V.B.17/18, page 37/38. Under the 5%/10% retrospective premium arrangements, if claims and retention exceed 100% of the premium due, can deficits be rolled forward to reduce surpluses from any extension years?

No.

31. Appendices C. Is Scope of Services, Attachment S1, left blank intentionally, or will there be more requirements?

Yes. This will be completed after award of the contract, based on the RFP, the offeror's proposal and any discussions that occur during the procurement.

32. Appendices C. Is the Compensation and Payment Schedule, Attachment S2, left blank intentionally, or will there be more requirements?

Yes. This will be completed after award of the contract, based on the RFP, the offeror's proposal and any discussions that occur during the procurement.

33. Appendices C. Is Time of Performance, Attachment S3, left blank intentionally, or will there be more requirements?

Yes. This will be completed after award of the contract, based on the RFP, the offeror's proposal and any discussions that occur during the procurement.

34. Appendices C. Is Special Conditions, Attachment S5, left blank intentionally, or will there be more requirements?

Yes. This will be completed after award of the contract, based on the RFP, the offeror's proposal and any discussions that occur during the procurement.

35. Will the EUTF offer more than one fully-insured PPO plan from different carriers?

This determination will be made at the discretion of the Board of Trustees.

36. Need the RFP in a word document so we can respond to the questions.

Appendices D, E, F and G have been posted on the EUTF web site since May 28, 2009. Excel file for completing responses is being transmitted by e-mail and posted on the EUTF web site.

37. Will the EUTF Board consider a proposal of just post 65 retiree health coverage?

Yes.

38. Need census with DOBs, gender, and zip code and identifying the retiree from the spouse. Can the census also include the % or contribution amount the retiree qualifies for?

See Appendix J, posted on the EUTF web site. The EUTF is not able to provide the additional requested information prior to the due date of proposals.

39. Is post 65 only claim's data available? If so we need experience for most current year (7/1/2008 – most current) and prior year July 1, 2006 to July 1, 2007 for post 65 retiree medical only.

Claims data for Medicare Retirees, actives and non-Medicare Retirees is attached.

40. Is any census and claim's data available for pre 65 retirees covered by Medicare under the HMSA plan?

See Appendix J for census data. Claims data is not available.

41. Is information on large claims of \$100,000 or more available?

No.

42. Appendix J: 87A – 33.5 talks about retirees located outside the State of HI. Are billing and collection services needed for this classification of retirees?

No.

43. Assume a roll over of all existing HMSA and HMA post 65 retirees and their spouses?

Yes.

44. Assume a list billing to the State?

The contractor will not "bill" the EUTF. The EUTF will pay the contractor based on enrollments transmitted on the carrier files. If the contractor identifies discrepancies between the payment and the enrollments, the contractor will notify the EUTF in writing and the EUTF will work with the contractor to resolve the discrepancies.

45. Has any retiree health survey by the State been conducted and published? If so, may we receive a copy of it?

The EUTF is not aware of any such study.

46. Please provide COB wording for the HMSA plan.

Coordination of benefits (COB) is employed when a member has health care coverage from more than one source. It is based on the coordination of benefits provisions on the order of benefit determination guidelines recommended by the National Association of Insurance Commissioners (NAIC).

The following guidelines apply when a patient has more than one group health benefit plan:

The plan that covers the patient as the subscriber or policyholder pays first.

If a child is covered under both the mother's and father's plan, the plan of the parent whose birthday is earlier in the calendar year pays first. (If both parents have the same birthday, the plan with the earlier effective date pays first.

In situations where an individual is the subscriber to one policy as an active worker and another policy as an inactive or retired worker, the plan that covers the individual as an active worker is the primary plan.

When none of the general coordination of benefits rules listed above applies, the coverage with the earliest continuous effective date pays first.

47. What are the premium equivalent rates for post 65 retiree medical? Does this include any administrative fee? If so, how much?

Rates for all plans for active employees, and for Medicare and non-Medicare retirees are attached.

48. W(h)ere there any medical plan design changes for the post 65 retirees for plan years 2007 and 2008? If so please provide those changes.

No, there were no major changes for plan years 2007 and 2008. There were minor clarification and administrative changes pertaining to the current carrier.

49. Page 38 of the RFP outlines the parameters for a Rate Stabilization Reserve (RSR). Would the offer of a post 65 only medical plan option without such a reserve be considered if the provider is able to guarantee their plan design and a rate cap?

Yes, such a proposal would be considered, and deviations from the requirements of the RFP will be taken into account as appropriate during the evaluation of the proposal

50. The above referenced RFP has a stated purpose of "...soliciting proposals from qualified insurers to provide medical benefit plans for active employees and/or retirees...." The Background section makes reference to dental and life insurance and there are experience reports in Appendix H related to dental and life. Please advise if dental and life are to be included in this RFP.

This question answers itself. Proposals for insured dental and vision plans are not being solicited by this RFP. Information provided is for reference only.

51. Please confirm that not letter of intent is required.

This confirms that no letter of intent is required.

52. May we receive a file from Aon in order to respond electronically to the questions in Appendix D?

Appendices D, E, F and G have been posted on the EUTF web site since May 28, 2009. Excel file for completing responses is being transmitted by e-mail and posted on the EUTF web site.

ATTACHMENTS TO QUESTIONS

#2, #3, AND #19

ARE ON THE EUTF WEBSITE AND

E-MAIL SENT WITH ADDENDUM 2

ATTACHMENT TO QUESTION #39



Retirees with Medicare PPO Plan
MONTHLY MEDICAL/RX PAID CLAIMS REPORT



Plan Year: July 2008 - June 2009

Plan: Retirees with Medicare PPO Plan

Enrollment					Fixed Costs				Claims Cost			Total Costs			
Date	Single	2-Party	Family	Total	Medical ASO Fee	Rx ASO Fee	Other Admin*	Total	Medical	Rx	Total	Grand Total	Budget	%	PEPM
Jul-08	13,256	7,767	417	21,440	\$586,729	\$232,166	\$263,645	\$1,082,540	\$3,367,757	\$5,882,959	\$9,380,716	\$10,449,296	\$8,478,452	123.3%	\$487.19
Aug-08	13,595	7,835	412	21,842	\$576,477	\$233,538	\$265,204	\$1,075,219	\$3,044,291	\$6,855,616	\$9,899,907	\$9,976,126	\$8,609,617	115.0%	\$492.09
Sep-08	13,653	7,884	417	21,934	\$578,881	\$234,553	\$265,356	\$1,079,789	\$3,072,578	\$6,854,616	\$9,927,484	\$10,107,283	\$8,646,775	116.0%	\$490.80
Oct-08	13,655	7,884	419	21,959	\$580,410	\$235,117	\$266,996	\$1,082,524	\$3,248,303	\$6,324,530	\$8,573,134	\$10,555,658	\$8,686,182	123.0%	\$485.03
Nov-08	13,722	7,858	413	22,093	\$584,044	\$236,413	\$268,499	\$1,089,926	\$3,461,641	\$6,787,729	\$9,249,370	\$10,338,295	\$8,716,186	118.0%	\$487.94
Dec-08	13,755	7,893	423	22,172	\$586,518	\$237,359	\$269,543	\$1,093,519	\$2,619,295	\$6,530,904	\$9,150,199	\$10,243,718	\$8,753,928	117.0%	\$462.01
Jan-09	-	-	-	-	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	#DIV/0!	#DIV/0!
Feb-09	-	-	-	-	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	#DIV/0!	#DIV/0!
Mar-09	-	-	-	-	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	#DIV/0!	#DIV/0!
Apr-09	-	-	-	-	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	#DIV/0!	#DIV/0!
May-09	-	-	-	-	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	#DIV/0!	#DIV/0!
Jun-09	-	-	-	-	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	#DIV/0!	#DIV/0!
YTD	81,838	47,311	2,501	131,650	\$3,475,158	\$1,499,146	\$1,600,212	\$6,484,516	\$18,834,185	\$36,446,554	\$55,280,819	\$51,765,335	\$51,871,149	119.1%	
PEPM					\$26.44	\$10.72	\$12.17	\$49.33	\$143.28	\$277.27	\$420.35	\$469.88	\$394.61		

* Other Admin includes CareConnection, Healthpass, Mental Health/Substance Abuse Case Mgmt, Provider Settlements, Queen's Lifed Paid Payments, and Quality Service & Recognition Program



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AON
CONSULTING

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Jul-07	13,165	7,891	396	21,252	\$540,460	\$227,962	\$148,359	\$921,612	\$282,232	\$4,082,969	\$4,345,221	\$5,288,733	\$9,515,212	81.9%	\$247.82
Aug-07	13,202	7,727	392	21,321	\$547,441	\$226,366	\$148,837	\$922,644	\$1,963,919	\$5,051,333	\$7,016,281	\$7,639,924	\$9,542,960	82.9%	\$272.40
Sep-07	13,238	7,782	393	21,383	\$549,558	\$229,218	\$149,373	\$928,149	\$2,481,276	\$4,447,594	\$6,928,870	\$7,857,020	\$9,574,204	91.6%	\$367.27
Oct-07	13,330	7,808	398	21,534	\$553,031	\$230,998	\$150,338	\$934,087	\$2,750,978	\$5,372,519	\$8,123,495	\$9,057,562	\$9,630,046	105.0%	\$420.62
Nov-07	13,352	7,790	399	21,541	\$552,899	\$230,967	\$150,318	\$933,844	\$3,342,416	\$5,390,814	\$8,733,229	\$9,696,874	\$9,628,042	111.9%	\$446.30
Dec-07	13,368	7,780	399	21,515	\$551,364	\$230,271	\$150,059	\$931,694	\$2,751,800	\$5,395,894	\$8,147,893	\$9,079,107	\$8,612,005	106.4%	\$421.99
Jan-08	13,369	7,771	403	21,543	\$552,218	\$230,637	\$149,663	\$932,518	\$3,236,417	\$5,898,003	\$9,104,420	\$10,038,968	\$9,625,464	115.4%	\$465.90
Feb-08	13,398	7,776	407	21,581	\$553,023	\$230,996	\$149,826	\$933,844	\$3,628,468	\$5,688,217	\$9,194,675	\$10,128,819	\$9,640,088	117.2%	\$488.33
Mar-08	13,439	7,788	414	21,641	\$554,443	\$231,681	\$150,351	\$936,446	\$3,835,728	\$5,776,338	\$9,712,066	\$10,648,511	\$9,664,897	122.9%	\$482.06
Apr-08	13,455	7,763	412	21,640	\$553,596	\$231,430	\$150,208	\$935,224	\$3,814,077	\$5,778,843	\$9,592,920	\$10,328,144	\$9,655,108	119.3%	\$477.27
May-08	13,492	7,756	414	21,662	\$553,733	\$231,575	\$150,302	\$935,610	\$3,514,590	\$5,952,479	\$9,467,069	\$10,302,867	\$9,661,547	110.9%	\$475.61
Jun-08	13,524	7,801	420	21,745	\$555,470	\$232,656	\$151,010	\$939,146	\$2,953,611	\$5,836,773	\$8,790,384	\$9,730,520	\$8,701,639	111.8%	\$447.48
YTD	180,330	93,191	4,847	258,368	\$6,923,918	\$2,765,885	\$1,798,773	\$11,187,856	\$34,445,516	\$94,398,596	\$98,845,112	\$118,032,767	\$103,462,022	108.4%	
AVG	13,361	7,766	404	21,531	\$551,818	\$230,489	\$149,898	\$932,305	\$2,879,460	\$5,396,833	\$8,237,093	\$9,159,397	\$9,821,002		
PEPM					\$1,388.42	\$570.63	\$371.11	\$43.30	\$133.22	\$248.26	\$382.57	\$425.88	\$409.41		

* Other Admin Includes CareConnection, Healthpass, Mental Health/Substance Abuse Case Mgmt



Retirees Without Medicare PPO Plan
MONTHLY MEDICAL/RX PAID CLAIMS REPORT

AON
CONSULTING

Plan Year: July 2008 - June 2009

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	Single	2-Party	Family	Total		Medical	ASO Fee	Rx	Other Admin*	Total	Medical	Rx	Total	Grand Total	Budget	%
Jul-08	3,188	3,441	1,064	7,693		\$223,052	\$10,905	\$171,919	\$408,876	\$408,876	\$4,077,579	\$1,792,870	\$5,870,449	\$8,278,325	\$5,364,928	117.0%
Aug-08	3,161	3,394	1,054	7,609		\$220,418	\$10,785	\$170,030	\$401,233	\$401,233	\$2,979,688	\$1,725,208	\$4,704,876	\$5,106,109	\$5,303,858	96.3%
Sep-08	3,145	3,358	1,044	7,547		\$218,374	\$10,685	\$168,451	\$397,511	\$397,511	\$4,006,647	\$1,739,113	\$5,745,750	\$6,143,271	\$5,256,942	116.9%
Oct-08	3,132	3,326	1,032	7,490		\$216,452	\$10,592	\$167,525	\$394,569	\$394,569	\$3,203,647	\$1,773,183	\$4,976,830	\$5,371,389	\$5,211,445	103.1%
Nov-08	3,089	3,270	1,015	7,384		\$213,101	\$10,427	\$164,387	\$387,915	\$387,915	\$2,704,965	\$1,627,051	\$4,332,015	\$4,719,930	\$5,132,503	92.0%
Dec-08	3,079	3,243	1,002	7,324		\$211,238	\$10,321	\$162,709	\$384,287	\$384,287	\$2,914,828	\$1,758,952	\$4,673,777	\$5,056,045	\$5,067,339	99.4%
Jan-09	-	-	-	-		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	#DNV/01
Feb-09	-	-	-	-		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	#DNV/01
Mar-09	-	-	-	-		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	#DNV/01
Apr-09	-	-	-	-		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	#DNV/01
May-09	-	-	-	-		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	#DNV/01
Jun-09	-	-	-	-		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	#DNV/01
YTD	18,804	28,032	8,211	45,047		\$1,302,636	\$63,715	\$1,005,021	\$2,371,371	\$2,371,371	\$19,887,331	\$10,414,376	\$30,301,707	\$32,873,878	\$31,357,022	104.2%
PEPM						\$28.92	\$1.41	\$22.31	\$52.64	\$52.64	\$441.48	\$231.19	\$672.67	\$723.31	\$686.10	

* Other Admin Includes CareConnection, Healthpass, Mental Health/Substance Abuse Case Mgmt, Provider Settlements, Queen's Lifeside Payments, and Quality Service & Recognition Program



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	Single	2-Party	Family	Total		Medical ASO Fee	Rx ASO Fee	Other Admin*	Total	Medical	Rx	Total	Grand Total	Budget	%
Jul-07	3,278	3,444	1,076	7,798		\$217,335	\$11,018	\$117,585	\$345,938	\$1,059,968	\$1,480,827	\$2,540,795	\$2,880,732	\$3,202,935	85.5%
Aug-07	3,272	3,458	1,075	7,805		\$217,700	\$11,025	\$117,670	\$346,395	\$2,993,178	\$1,880,258	\$4,873,436	\$5,218,831	\$5,208,380	100.2%
Sep-07	3,257	3,452	1,080	7,789		\$217,457	\$11,021	\$117,619	\$346,097	\$2,989,670	\$1,884,283	\$4,873,953	\$4,400,050	\$5,203,721	84.8%
Oct-07	3,182	3,452	1,072	7,706		\$216,129	\$10,944	\$116,802	\$343,875	\$3,300,715	\$1,759,397	\$5,060,112	\$5,403,888	\$5,165,279	104.5%
Nov-07	3,191	3,426	1,068	7,675		\$214,970	\$10,891	\$116,238	\$342,099	\$2,840,386	\$1,569,285	\$4,409,671	\$4,950,780	\$5,140,038	84.4%
Dec-07	3,169	3,448	1,064	7,681		\$215,493	\$10,905	\$116,381	\$342,779	\$2,583,418	\$1,550,056	\$4,133,474	\$4,476,253	\$5,147,805	87.0%
Jan-08	3,230	3,518	1,066	7,814		\$219,838	\$11,123	\$118,423	\$349,384	\$3,249,451	\$1,701,353	\$4,950,804	\$5,300,187	\$5,251,483	100.9%
Feb-08	3,233	3,512	1,083	7,828		\$219,635	\$11,110	\$118,289	\$348,934	\$3,085,159	\$1,629,658	\$4,714,817	\$5,042,751	\$5,244,433	95.2%
Mar-08	3,216	3,503	1,073	7,792		\$219,578	\$11,059	\$117,781	\$347,389	\$3,887,252	\$1,743,625	\$5,630,877	\$5,778,286	\$5,219,253	110.7%
Apr-08	3,195	3,482	1,075	7,762		\$217,948	\$11,028	\$117,424	\$346,400	\$3,404,534	\$1,739,682	\$5,144,216	\$5,480,886	\$5,204,886	105.5%
May-08	3,198	3,458	1,076	7,732		\$218,729	\$10,983	\$116,938	\$346,646	\$3,877,957	\$1,709,804	\$5,587,761	\$5,732,409	\$5,180,811	110.6%
Jun-08	3,180	3,445	1,068	7,693		\$215,682	\$10,931	\$116,382	\$342,984	\$3,125,977	\$1,721,854	\$4,847,831	\$5,190,825	\$5,154,406	100.7%
YTD	38,589	41,608	12,898	93,095		\$2,607,393	\$132,038	\$1,407,501	\$4,146,932	\$35,457,776	\$20,168,943	\$55,626,719	\$59,772,749	\$62,323,116	95.9%
AVG	3,216	3,467	1,075	7,758		\$217,283	\$11,403	\$117,292	\$346,878	\$2,954,816	\$1,680,870	\$4,635,686	\$4,981,062	\$5,193,592	
PEPM						\$202.15	\$10.24	\$108.13	\$44.35	\$380.88	\$216.84	\$597.52	\$642.06	\$668.48	

* Other Admin Includes CareConnection, Healthpass, Mental Health/Substance Abuse Case Mgmt

ATTACHMENT TO QUESTION #47

2008-2009 Retiree Rates
Effective July 1, 2008

		Premium	Total Administrative Fee	Total Contribution Required
Non-Medicare				
EUTF HMA PPO/NMHC Prescription Drug				
	Self	\$401.09	\$2.75	\$403.84
	2-Party	\$781.15	\$5.77	\$786.92
	Family	\$1,158.17	\$8.43	\$1,166.60
EUTF HMSA PPO/NMHC Prescription Drug				
	Self	\$409.67	\$2.75	\$412.42
	2-Party	\$797.89	\$5.77	\$803.66
	Family	\$1,182.99	\$8.43	\$1,191.42
Kaiser HMO/Prescription Drug				
	Self	\$467.24	\$2.76	\$470.00
	2-Party	\$911.08	\$5.78	\$916.86
	Family	\$1,350.28	\$8.44	\$1,358.72
Medicare				
EUTF HMA PPO/NMHC Prescription Drug				
	Self	\$281.55	\$2.75	\$284.30
	2-Party	\$548.21	\$5.77	\$553.98
	Family	\$812.85	\$8.43	\$821.28
EUTF HMSA PPO/NMHC Prescription Drug				
	Self	\$287.15	\$2.75	\$289.90
	2-Party	\$559.15	\$5.77	\$564.92
	Family	\$829.05	\$8.43	\$837.48
Kaiser HMO/Prescription Drug				
	Self	\$229.32	\$2.76	\$232.08
	2-Party	\$447.16	\$5.78	\$452.94
	Family	\$662.68	\$8.44	\$671.12
HDS Dental				
	Self	\$29.88	\$0.30	\$30.18
	2-Party	\$58.32	\$0.66	\$58.98
	Family	\$71.28	\$0.94	\$72.22
VSP Vision				
	Self	\$4.36	\$0.06	\$4.42
	2-Party	\$8.72	\$0.12	\$8.84
	Family	\$11.70	\$0.18	\$11.88
Standard Life Insurance				
	Self	\$4.12	\$0.04	\$4.16

**2008-2009 Active Rates
All BU's EXCEPT BU 12
Effective July 1, 2008**

Benefit Plans	Premium	Administrative Fee	Total Contribution Required
All BU's EXCEPT BU 12			
EUTF HMA PPO/NMHC Prescription Drug/RSN Chiro			
Self	\$272.03	\$2.75	\$274.78
2-Party	\$660.91	\$5.77	\$666.68
Family	\$842.03	\$8.43	\$850.46
EUTF HMSA PPO/NMHC Prescription Drug/RSN Chiro			
Self	\$277.45	\$2.75	\$280.20
2-Party	\$674.05	\$5.77	\$679.82
Family	\$858.81	\$8.43	\$867.24
Kaiser HMO Comprehensive/Prescription Drug/RSN Chiro			
Self	\$289.55	\$2.75	\$292.30
2-Party	\$702.99	\$5.77	\$708.76
Family	\$896.20	\$8.44	\$904.64
Kaiser HMO Basic/Prescription Drug/RSN Chiro			
Self	\$258.35	\$2.75	\$261.10
2-Party	\$627.19	\$5.77	\$632.96
Family	\$799.48	\$8.44	\$807.92
EUTF HMSA HMO/Prescription Drug/RSN Chiro			
Self	\$299.81	\$2.75	\$302.56
2-Party	\$728.29	\$5.77	\$734.06
Family	\$928.01	\$8.43	\$936.44
EUTF HMSA HDHP/Prescription Drug			
Self	\$203.59	\$2.75	\$206.34
2-Party	\$494.85	\$5.77	\$500.62
Family	\$630.19	\$8.43	\$638.62
EUTF HMSA Supplemental/NMHC Prescription Drug/RSN Chiro			
Self	\$164.25	\$2.75	\$167.00
2-Party	\$399.37	\$5.77	\$405.14
Family	\$508.41	\$8.43	\$516.84
Royal State Supplemental/Prescription Drug/Chiro			
Self	\$53.87	\$2.75	\$56.62
2-Party	\$133.97	\$5.77	\$139.74
Family	\$148.96	\$8.44	\$157.40
EUTF NMHC Prescription Drug Only			
Self	\$53.03	\$0.61	\$53.64
2-Party	\$128.86	\$1.28	\$130.14
Family	\$164.15	\$1.87	\$166.02
HDS Dental			
Self	\$27.94	\$0.30	\$28.24
2-Party	\$55.88	\$0.66	\$56.54
Family	\$92.08	\$0.94	\$93.02
VSP Vision			
Self	\$5.98	\$0.06	\$6.04
2-Party	\$11.06	\$0.12	\$11.18
Family	\$14.45	\$0.17	\$14.62
Standard Life Insurance			
Self	\$4.12	\$0.04	\$4.16
The Royal State chiropractic premiums are \$1.43 for self, \$2.87 for 2-party and \$3.04 for family.			

**2008-2009 Active Rates
BU 12 ONLY
Effective July 1, 2008**

Benefit Plans		Premium	Total Administrative Fee	Total Contribution Required
BU 12 ONLY				
EUTF HMA PPO/NMHC Prescription Drug/RSN Chiro				
	Single	\$227.55	\$2.75	\$230.30
	2-Party	\$569.67	\$5.77	\$575.44
	Family	\$737.81	\$8.43	\$746.24
EUTF HMSA PPO/NMHC Prescription Drug/RSN Chiro				
	Single	\$232.33	\$2.75	\$235.08
	2-Party	\$581.65	\$5.77	\$587.42
	Family	\$753.29	\$8.43	\$761.72
Kaiser HMO Comprehensive/Prescription Drug/RSN Chiro				
	Single	\$243.43	\$2.75	\$246.18
	2-Party	\$607.87	\$5.77	\$613.64
	Family	\$787.12	\$8.44	\$795.56
Kaiser HMO Basic/Prescription Drug/RSN Chiro				
	Single	\$218.59	\$2.75	\$221.34
	2-Party	\$545.75	\$5.77	\$551.52
	Family	\$706.64	\$8.44	\$715.08
EUTF HMSA HMO/Prescription Drug/RSN Chiro				
	Single	\$257.29	\$2.75	\$260.04
	2-Party	\$644.17	\$5.77	\$649.94
	Family	\$834.39	\$8.43	\$842.82
EUTF HMSA HDHP/Prescription Drug				
	Single	\$215.41	\$2.75	\$218.16
	2-Party	\$540.03	\$5.77	\$545.80
	Family	\$700.29	\$8.43	\$708.72
EUTF HMSA Supplemental/NMHC Prescription Drug/RSN Chiro				
	Single	\$139.37	\$2.75	\$142.12
	2-Party	\$351.03	\$5.77	\$356.80
	Family	\$459.41	\$8.43	\$467.84
Royal State Supplemental/Prescription Drug/Chiro				
	Single	\$53.87	\$2.75	\$56.62
	2-Party	\$133.97	\$5.77	\$139.74
	Family	\$148.96	\$8.44	\$157.40
EUTF NMHC Prescription Drug Only				
	Single	\$31.07	\$0.61	\$31.68
	2-Party	\$79.68	\$1.28	\$80.96
	Family	\$108.67	\$1.87	\$110.54
HDS Dental				
	Single	\$27.94	\$0.30	\$28.24
	2-Party	\$55.88	\$0.66	\$56.54
	Family	\$92.08	\$0.94	\$93.02
VSP Vision				
	Single	\$5.98	\$0.06	\$6.04
	2-Party	\$11.06	\$0.12	\$11.18
	Family	\$14.45	\$0.17	\$14.62
Standard Life Insurance				
	Single	\$4.12	\$0.04	\$4.16
The Royal State chiropractic premiums are \$1.43 for self, \$2.87 for 2-party and \$3.04 for family.				